

CONDOM USE AMONG ADOLESCENTS IN KWAZULU-NATAL

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DECLARATION

This dissertation constitutes original work by the author and has not been submitted in any form to another university. Where use has been made of the work of other authors and sources it has been accordingly acknowledged in the body of the dissertation.

The research for this dissertation was completed at the School of Development Studies at the University of Natal, Durban. Research was undertaken under the supervision of Prof. AJ Mturi, between June 2002 and February 2003.

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ABSTRACT

High rates of adolescent fertility and HIV/AIDS prevalence reflect the significant levels of unprotected adolescent sexual activity in South Africa. Although knowledge and positive attitudes towards condoms are widespread, this has not translated into consistent use of the contraceptive method. This is a worrying situation since condoms are widely being promoted as the best means of dual protection. This dissertation sought to analyse the hypothesis that certain personal characteristics, knowledge and attitudes affect actual condom use. Information and results were based on data from two waves of the Transitions Study, conducted between 2000 and 2001. Much of the analysis contained in this work was carried out by way of frequencies and cross-tabulations. Binary logistic regression was employed to determine how various factors affected actual condom use. The results of the analysis suggested that age is highly significant in affecting behaviour and this relationship becomes more pronounced with the increase in age. Older respondents, particularly females, were less likely to have used condoms at their last sexual encounter with their most recent sexual partner. Attitudes also proved to be highly significant in determining the probability of condom use.

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Chapter 1: Introduction

1.1. Introduction

It is a global phenomenon that adolescents represent one of the most vulnerable segments of society. Adolescence is a period of intense confusion and struggle and is marked by a turbulent move from childhood to adulthood. These changes however are not enacted in isolation but are rather profoundly affected by the surrounding social, economic and political contexts. The consequences of these transformations are also not limited to the realm of the immediate. Ideas and attitudes, which influence outlooks and actions, are more often than not created and moulded during this life phase. This is especially true for sexual encounters, which “can significantly influence later attitudes, behaviour and even risk for certain sexual and reproductive health encounters” (Varga, 2001: 177).

Despite the widespread desire to believe otherwise, adolescent sexual experimentation and activity exists on a significant scale around the world and in fact shows little sign of abatement, a situation clearly apparent none more so than in South Africa. The high rates of adolescent sexual activity in South Africa are reflected in the staggeringly high rates of adolescent fertility and HIV/AIDS prevalence – significant indicators of risky sexual behaviour. This dissertation will test the hypothesis that certain personal characteristics such as age, sex, race and relationship status, together with particular attitudes towards condoms greatly influence the actual use of this contraceptive method.

It is crucial at the outset to elucidate certain key designations and characterisations that have been adopted in this dissertation. The United Nations has defined adolescents as those aged between 10 and 19 while youth are classified as those aged between 15 and 24. Those aged between 10 and 24 are characterised as young people. For the purposes of analysis however, especially as it pertains to the data set that has been used, the term adolescents has been used, loosely incorporating all those aged between 14 and 24.

1.2. Background and Rationale

The AIDS epidemic has had the worst impact on young people. The Lovelife report on HIV/AIDS in 2001 stated that over half of all adult HIV infections occurred before the age of 25 (2001: 6). UNAIDS estimated in 1999 that 23% of females between the ages of 15 and 24 were HIV positive while 8% of males in the same age group were infected (Rutenberg et al, 2001: 1). South African Department of Health Statistics indicated that the number of infected girls between the ages of 15 and 19 increased by 65% just between 1997 and 1998 (Allen et al, 2001: 1).

Figures on adolescent premarital fertility reiterate the presence of high rates of adolescent sexual activity. The South African Demographic and Health Surveys (SADHS) of 1998 indicated that 30% of girls aged 19 had already had a child (Kaufman et al, 2001: 147). Young girls who fall pregnant and give birth often face serious negative consequences such as being forced to abandon their education or to sacrifice their employment opportunities. In addition they may also face serious health risks such as vesico-vaginal fistulae, as a result of giving birth at an inappropriately young age (Wilson, 2002: 3).

Sexually Transmitted Infections (STI's), including HIV/AIDS and pregnancy are the most integral components of reproductive health. Kaufman et al however suggest that a significant area of concern is the fact that adolescents tend to draw a rather distinct line between these two issues (Kaufman et al. 2001: 158). It is against the backdrop provided by this proposition that this dissertation is located.

1.3. The Promotion of Condoms as a Means of Dual Protection

The situation created by the HIV/AIDS pandemic has forced people to focus on prevention of the disease. Together with abstinence, the limiting of sexual partners and monogamy, condoms have been promoted as the most efficient method of doing this (Davis and Weller, 1999: 272). The additional advantage of the condom is that it is also the most effective method for preventing both STI's and unwanted pregnancies (Cates, 1996).

It has been established that condoms, although affording a high degree of protection, are not the most effective protection against pregnancy. If precise and consistent use of condoms occurs then the pregnancy rate is about 3 per 100 women in the first year that the method is used, which according to the Population Report on the Condom Gap is higher than other methods such as sterilization and Norplant. The report goes on to state that the more realistic typical user effectiveness measure is difficult to gauge and varies considerably across the world (Gardner et al., 1999).

In the past it has been difficult to estimate accurately the precise success rate of condom use in preventing HIV infection however "current evidence indicates that the use of condoms for each and every sexual contact reduces the rate of heterosexually transmitted HIV infection" (Davis and Weller, 1999: 276) Condoms are the most highly effective means of protection against HIV/AIDS and STI's (Gardner et al., 1999).

Although it would be impossible to assert that condoms are 100% safe, they are the single most effective method offering the dual protection function.

1.4. Adolescent Condom Use in South Africa

Numerous studies and surveys continue to demonstrate that knowledge of HIV/AIDS and the mechanics of the virus' transmission is well known. Despite this, significant proportions of people continue to engage in risky sexual behaviour and fail to translate this knowledge into any concerted preventative action and practice. Dickson-Tetteh and Ladha suggest even when contraceptive use is high, fertility and abortion rates suggest that it is inconsistent. A large part of the explanation underlying this trend is that young people often do not regard condoms as a contraceptive method, viewing them rather as protection against AIDS and STI's. (2000: 397)

According to Lovelife the results of the 1998 South African Demographic and Health Survey showed that in the preceding 12 months, 35% of women in the sample aged 15-19 had had at least one sexual partner and that just 16% of the entire female sample had used a condom at their last sexual encounter with an individual who was not their spouse. A 2001 national survey on teenagers is also quoted which purported that about

40% of teenagers do not regularly use condoms in their casual sexual encounters (Lovelife, 2001: 23).

The situation that presents itself is one in which there is a dire need to examine closely what exactly is affecting and hindering condom use.

1.5. Objectives of this Study

The primary objective of this study is to identify factors influencing the motivations for condom use among adolescents in KwaZulu-Natal. In order to pursue this line of enquiry there are more particular objectives that have to be addressed. They are: -

- To quantify the awareness and knowledge of the risks of unprotected sexual intercourse (STI's, HIV; unwanted pregnancy) and to ascertain quantitatively whether this knowledge translates into the use of condoms.
- To evaluate which of the motivations listed above are most influential in the decision to use condoms.
- To analyse the relationship between certain background and personal characteristics and the decision and motivation to use condoms. The characteristics chosen for this study will be the respondent's sex, age, race and their current relationship status.
- To establish if there is a connection between attitudes towards condoms and actual use and if so to determine how this link functions.
- To examine trends and levels of condom use in the study population and assess if there were any discernible differences in the responses provided in the two stages of the survey, which were conducted three years apart.

1.6. Methodology

The analysis in this dissertation will be carried out on data collected in the "Transitions to Adulthood in the Context of AIDS in South Africa" survey.* Wave 1 of the survey was carried out in 1998 and Wave 2 took place in 2001. This study uses data from both waves.

1.6.1. Study Location

Situated on the east coast of South Africa, the province of KwaZulu-Natal comprises 7.6% of the total land area of the country and contains the largest population, which stood at 8.4 million in 2000, approximately a fifth of the total South African population. About 43% of the province's population reside in urban areas while the remaining 57% reside in the rural regions. KwaZulu-Natal also has a unique racial makeup primarily because of its large Asian population (the largest in the country). The racial profile of the province is approximately 82% African/ Black, 9.4% Indian, 6.6% White and 1.4% Coloured. The 1996 Population Census results established that "among people aged 20 years and above, almost 23% have had no schooling at all, while 17% have had some primary education. Approximately 5% of the province's people have tertiary qualifications, 16% have a matric, 32 % have had some secondary education and more than 6% have completed their primary education" (Statistics South Africa. 1996).

1.6.2. Data Collection and Sample Makeup

The Transitions Survey which was carried out in two waves, sought to investigate and analyse issues around reproductive health and adolescents in KwaZulu Natal. This line of inquiry was conducted with a very broad and extensive focus taking into consideration wider social and economic contexts.

Wave 1 of the survey was conducted in two administrative areas: the Durban Metropolitan District and the Mtunzini Magisterial District. There were 2007 households covered in the survey and 3770 adolescents were identified in these households. The sample consisted of 77% urban respondents (from both districts) and 23% rural districts (from the Mtunzini Magisterial District). Interviews however were successfully conducted with 3096 of these adolescents. Of the 3096 adolescent respondents 45% were male and 55% were female. A quarter fell into the 14-15 age group, 50% in the 16-19 age group and 25% in the 20-22 age group. The racial makeup of the sample was as

* The Research Project was conducted by the School of Development Studies, University of Natal, Durban; the Horizons Project; The Policy Research Division of the Population Council; Focus on Young Adults; and MEASURE/ Evaluation Project of Tulane University In New Orleans.

follows: 79% African, 13% Asian, 6% White and 1% Coloured (Rutenberg et al., 2001: 7).

Wave 2 of the Survey was conducted between September and December 2001. Out of a sample of 4185, 2223 respondents had been part of Wave 1. Males constituted 47% of the sample with females accounting for 53%. In terms of age 17% of the sample was aged 14-15, 51% aged 16-19, 25% aged 20-22 and 7% aged 23-26. Just one participant in the study was aged 13 and another was 27 years old. 76% of the sample was African, 18% Indian, 4% White and 2% Coloured.

The questionnaire that was administered in the study was fairly long (31 pages) and covered a wide range of issues and areas. For the purpose of this study however certain sections and variables proved to be crucial. This was to be the case for that portion of the survey, which evaluated knowledge of HIV/AIDS and STI's. In particular study participants were probed about how much they knew about HIV transmission and prevention. Respondents were also questioned about their knowledge of STI's besides that of HIV. Attention was also paid to those questions, which sought to evaluate attitudes towards condoms and their use. Respondents were presented with a series of statements, which they had to either agree or disagree with. In terms of actual practice the sections of the questionnaire, which asked respondents about their actual sexual experiences, were particularly useful. Those sections of the questionnaire asked specifically about the first sexual experience and then about the respondent's three most recent sexual partners.

1.6.3. Data Analysis

The analysis carried out for in this dissertation is based on data collected in both Waves of the Transitions Study. Because the primary focus of this research is to look closely at condom use a sub-sample has been selected based on whether respondents have had sexual intercourse. For Wave 1 the size of the sample was 1476 while for Wave 2 it was 2355.

Most of the analysis in this dissertation was carried out by way of frequencies and cross-tabulations. Multivariate analysis was employed using binary logistic regression to

determine how selected independent variables affected the dependent variable of actual condom use. The dependent variable in the regression, which was used as an indicator of condom use, was obtained from the question which asked the respondent if he or she had used a condom the last time they had sex with their most recent sexual partner. The advantage of using the responses to this question as a measure of condom use was that the problem of memory lapse was minimised due to the recent occurrence. The disadvantage however was that there is always the possibility of misreporting and the variable gave no indication of consistency of condom use (Wilson, 2001: 37). The independent variables that were selected for the regression analysis were chosen on the basis that they represented certain individual characteristics, levels of knowledge and attitudes. The regressions were carried out with results from both Waves of the study and were then compared to each other.

Chapter Two: Literature Review

2.1. The Dynamics of Condom Use

In the wake of the HIV/AIDS pandemic condoms are widely being promoted as the most effective means of curbing the spread of the disease. In Sub-Saharan Africa this marks a substantial shift from the past when support for and supply of condoms was almost non-existent (Liskin et al., 1990: 12). The use of the male condom in particular is extensively endorsed due to the dual protection it affords in sexual relationships (Cates, 1996). Thus condoms are now being supplied to a wider cross-section of the population such as single women and adolescents. The incentive of dual protection provided by condoms affords individuals with more than one reason for asking their partner to use the contraceptive. The Population Report on Condoms quotes a study conducted in Ghana which demonstrated that women were more comfortable with discussing the use of condoms with their husbands for the purpose of preventing a pregnancy rather than preventing a disease (Gardner et al., 1990: 13).

The Population Report on the Condom Gap found that there is a significant increase in the use of condoms around the world. However the same report provided estimates based on international surveys that demonstrated that although 6 to 9 billion condoms are used annually around the world, 24 billion condoms would have had to be used to have been most effective in the prevention of the spread of STI's (Gardner et al.1999).

One of the primary factors behind the failure to translate knowledge into action is the reluctance of individuals to recognise their susceptibility to the negative consequences of unprotected sexual intercourse (Best, 2000). In an attempt to explain the dynamics of condom use Ku et al devised the 'Sawtooth Hypothesis'. Using data collected in the 1991 National Survey of Adolescent Males in the United States they proposed that condoms are used frequently at the beginning of relationships but their use declines as the relationship progresses. Because this behaviour is replicated in many relationships the resulting pattern resembles the 'teeth of a saw'. The other part of the hypothesis is that the likelihood of using a condom is inversely proportional to the age of the individual. Ku et al's analysis of the data conformed the hypothesis. Of the males interviewed 83%

reported that condoms were used at the first sexual encounter to prevent pregnancy, 12% to prevent disease while just 2% of respondents cited both motivations. It was found that the main reason for the decline of condom use in relationships was the subsequent reliance on 'female methods' such as the contraceptive pill. Furthermore as the males age and the nature of their relationships change (such as they become more long-term), condom use was found to decrease (Ku et al, 1994) A similar situation was observed among American women. Bankole et al (1999) analysing the results of the 1995 and 1998 National Surveys of Family Growth found that those women who reported more frequent use of condoms were young (figures were highest amongst adolescents), not in a relationship and had had more than one sexual partner in the recent past.

Pranitha Maharaj (2001) in her study of male approaches towards condom use in KwaZulu-Natal highlighted a similar pattern to that which was found in the US. The subjects of her focus group discussions expressed positive attitudes to family planning but viewed female orientated methods as the best means to that end. Most of the men believed that condoms were for casual sexual relationships and not for their long-term relationships where their partners were more likely to be using female contraception. Thus condoms in this situation tended to be regarded primarily as protection against STD's and HIV but not pregnancy (Maharaj, 2001). The separation of the reasons for using condoms was also highlighted in Myer et al's study (2002) of dual method contraceptive use in South Africa. They found that men tended to use condoms in order to counter the risk of contracting STI's and HIV from their female partners. When it came to the wish to prevent pregnancy the decision was most likely to be left with the woman. Myer et al concluded that "dual method use rather than being a consensual choice, generally occurs only when a man's aim of protecting himself from STI's coincides with his female partner's goal of preventing unwanted pregnancy" (2002: 126).

The perception of risk is fundamental to the decision to use condoms. Best (2002) quotes a study conducted by Helitzer-Allen in Malawi in 1994, which indicated that young girls did not perceive the need to use condoms when their family was familiar with the family of their sexual partner.

One of the biggest obstacles standing between adolescents and their adoption of contraceptives is the lack of knowledge and information (Blanc and Way, 1998: 111). Amazigo et al (1997) in their study of adolescents in Nigeria argue that the reason behind the low rates of contraceptive use is lack of proper and accurate knowledge of contraceptive methods. Young people in various locations globally are blocked from gaining adequate access to accurate information about sex and the consequences of unprotected sexual intercourse. This stems predominantly from the reluctance of those in positions of authority to initiate open and frank discussions, the main fear being that increased knowledge would result in an increase in sexual activity. Kiragu (2001) quotes the results of Demographic and Health Surveys conducted in Cameroon, Cote d'Ivoire, Kenya, Tanzania and Zambia (where HIV is prevalent amongst young people) where between 20 and 50% of young women were unaware of any method they could use to protect themselves during sexual intercourse. In Mozambique this was the case with 72% of young women and 62% of young men. An issue of growing concern though is that even though people may be knowledgeable about the protective purposes of condoms this is in no way an indication that they are fully aware of the mechanics of condom use. A 1993 study in Ghana showed that although there was a very high level of knowledge about condoms only a tenth of the sample could actually negotiate the use of one. Similarly a 1999 study in India showed that only 15% of a study sample was aware of the fact that it was not all right to reuse a condom (Gardner et al, 1999).

The global shortfall in condom use can to some degree be explained by some highly negative attitudes to that particular method of contraception. A partner who insists on the use of a condom is often accused of being distrustful of the person he or she is supposed to love. Condoms are also often associated with people who are considered to be without morals and who engage in promiscuous sexual behaviour. Thus many women who insist on the use of a condom are often equated with prostitutes. The Population Report on the Condom Gap quotes studies conducted in Brazil, Guatemala and Jamaica where men believed that condoms should be used only in casual sexual liaisons and not with their actual partner (Gardner et al, 1999)

2.2. Adolescent Sexuality and Sexual Behaviour

Adolescents today face a significantly different situation that has been apparent in the past. Increased economic, educational and vocational opportunities have contributed to the delaying of marriages and childbearing. Furstenberg argues that this “simultaneously enhances opportunities for informal contact between the sexes, and it undermines male hegemony by breaking down gender segregation and removing women from an exclusive involvement in the domestic sphere” (1998: 246). He goes on to state that although the situation does not automatically mean increased rates of sexual activity, it does create a situation where premarital sex would not be condemned (Furstenberg, 1998). United Nations Development Programme (UNDP) statistics released in 1997 revealed that of the 6 million people infected with HIV around the world more than 3 million were under the age of 25 (Hulton et al, 2000: 36). The high rates of HIV prevalence among people in their mid 20’s is indicative of the fact that a large proportion of infections occurred during the teenage years. Blanc and Way (1998) in their analysis of information from over thirty developing countries found that teenagers were highly unlikely to use condoms the first time they had sexual intercourse. The situation was worse as the age of sexual initiation decreased.

A consequence of this has been the realisation that more attention has to be paid to issues and problems around adolescent sexual behaviour. The subsequent heightened concern has seen the initiation of much research and various studies. This section of the dissertation will review some of the literature that has been produced on this topic. Although it is necessary to draw upon work being done around the world the primary focus will be on studies and research that have been conducted in South Africa.

The topic of adolescent sexuality is both a vast and complex one. McPhail and Campbell (2001) in their review of the literature on the topic identified four areas that strongly feature in much of the research and writing. “These themes encompass female sexuality (in particular conflict between sexual feelings and social norms), gendered power imbalances, features of male sexuality and peer norms and values” (2001: 1615). Although the authors do concede that these themes have emerged in the research that was conducted in developed countries, they do assert that they also serve as a more

than useful tool of analysis for work being done in Southern Africa (2001: 1615). In an attempt to look closely at some of the issues and problems around adolescent sexual behaviour, it is practical to employ these four themes, not so much as a means of division (particularly since there are large areas of overlap) but rather as a device to systematically organise information. In keeping with the central focus of the dissertation the discussion of adolescent sexuality and sexual behaviour will be geared towards providing a clearer understanding of the dynamics of condom use.

2.2.1. Female Sexuality and Sexual Behaviour

Biologically women face a two to four times greater risk of being infected with the HIV virus in an unprotected sexual encounter. Young women are confronted with even greater risks because of the biological immaturity of the reproductive and sexual organs. "Also, hormonal changes associated with the menstrual cycle often are accompanied by a thinning of the mucus plug, the protective sealant covering the cervix," thus increasing the susceptibility to HIV and STI infection (Kiragu. 2001: 7).

Adolescent girls often find themselves in highly complicated and difficult positions within sexual relationships. Despite many factors such as education or increased knowledge of the risks of unprotected sex they are often expected to conform to certain societal norms regarding behaviour and conduct. Morrell et al demonstrate how girls internalise many of these messages, which then surface as reluctance to carry condoms or to insist on a male partner using one. In their study of school goers in two Black township schools in Durban, the authors found that the unwillingness to use condoms did not always originate with the males. This unwillingness on the part of the girls emanates from the very particular manner in which the females perceive their situation. Thus the decision not to use a condom may be regarded as a demonstration of "love and trust" (Morrell et al, 2001). Clearly the thought of carrying, let alone purchasing a condom, too many girls is unthinkable. It is apparent that the idea that girls who carry condoms are sexually 'loose' and promiscuous is still prevalent. McPhail and Campbell in their study of adolescent condom use in the township of Carletonville observed this fact and commented on young women's fears in this regard. Hearsay and rumour was an important factor militating against young women carrying condoms (McPhail and Campbell, 2001: 1621).

An important aspect of female sexuality and female sexual behaviour is that of pregnancy. In South Africa premarital adolescent pregnancy continues to be a serious concern. National figures indicate that that 35% of females under the age of 20 have either been pregnant or given birth to a child (Department of Health, South Africa: 1999). Garenne et al (2002) in their study of fertility in a rural setting in South Africa uncovered an age pattern of fertility that had two very distinct childbearing peaks. The first peak corresponded to adolescent unmarried females while the second peak corresponded to older married women. Rates of premarital fertility were considerably higher than those for married women. Further investigations unearthed a situation where there are very low levels of contraceptive use before the birth of the first child, although this does change dramatically afterwards.

What these studies reveal is that an inordinately high number of adolescent females are having sexual intercourse and more significantly much of it is unprotected. A recurring theme in the literature is the difficulty in understanding the persistence of the situation despite the increasing availability and accessibility of contraceptives, including condoms. The central question then is, do young girls consider an unwanted or mistimed pregnancy enough of a risk to want to prevent it. Does the thought of falling pregnant serve as an incentive to use a condom? Blanc and Way (1998), in their review of Demographic and Health Surveys conducted in developing countries around the world suggest that teenagers are less motivated to want to prevent a pregnancy since they have just entered the childbearing stage of their lives. Preston-Whyte et al (1990) in their seminal article on teenage pregnancy in KwaZulu Natal argue that the key to unpacking that question is to look at the situation from the point of teenage girls. When this point of view is adopted it becomes evident that despite the outrage and disapproval of parents there are other factors, which alleviate the problems, responsibilities and obligations of early childbearing. These factors also "explain why few make use of the contraceptive measures which are fairly readily available." (Preston-Whyte et al, 1990: 11) Preston-Whyte et al go on to argue that one of the main reasons behind the lack of fear on the part of many black adolescent girls is that an unplanned pregnancy does not necessarily translate into alienation and ostracisation for the teenage mother or her child. In most cases the girl's family receives a payment from the family of the father of the child, which can wither take the form of a payment for damages and or the "cleansing of the bad luck

or ritual impurity thought to be occasioned by a premarital pregnancy” (Preston-Whyte et al, 1990: 13). These payments are seen as an admission of paternity and despite the fact that marriage is not automatically the next step it does ensure that the child will receive some financial assistance from the father. Furthermore “the child benefits from a cultural and social connection and a recognised identity within the community” (Kaufman et al. 2001: 152). Another factor, which alleviates some of the hardships of an early pregnancy, is that the teenage girl in most cases remains in the home of her parents and receives both material and physical assistance from her family with the maintenance and upkeep of her child. Thus the idea of falling pregnant to many teenagers is not always associated with having to cope by oneself and having to fend for oneself (Preston-Whyte et al, 1990: 14).

If a girl still attending school finds herself pregnant there is no hard and fast rule dictating that her education has to come to a standstill. In most cases these girls are able to return to school after the birth of their child and complete their education. For most teenage girls and their parents in this position this is in fact the more desired outcome. Kaufman et al’s qualitative study of adolescent pregnancy in Soweto and Agincourt (a rural area in the Northern Province in South Africa) highlighted this fact. Their focus group discussions revealed the great importance attached to finishing school even if a young parent is forced to temporarily suspend her studies. One respondent even went to far as to state that her parents compelling her to stay at home and take care of her child was a punishment (Kaufman et al. 2001: 155 – 156).

Although young Black girls are encouraged to complete their education and achieve in that area they are also confronted with certain societal and sometimes familial pressures to bear an early child which would then bode them well in the future as a demonstration of their fertility (Gage-Brandon and Meekers, 1993: 15). The importance of fertility cannot be underestimated and the fear of losing the ability to conceive is often cited as a primary reason for the reluctance to adopt contraceptive measures. “If a black woman is single, she is not necessarily regarded as being badly off, nor does she regard herself as to be pitied, provided she has a child” (Preston-Whyte et al, 1990: 15 – 16).

Nevertheless Blanc and Way suggest that female adolescent knowledge of the mechanics of contraceptive use is related to their marital status. They go on to state that

those who are unmarried have significantly more to lose than those who are married by unplanned pregnancies. Thus it is the unmarried and sexually active females who are more reliant on modern contraceptive methods. The disparity in this knowledge of the two groups is most pronounced in Sub-Saharan Africa. (1998: 110)

2.2.2. Gender and Power Inequalities Among Adolescents

An importance source of the vulnerability of women in relation to their male sexual partners is that they are often less informed about the consequences of unprotected sexual activity, particularly the mechanics of HIV and STI infection. "Moreover, young women often hesitate to challenge misinformation from their partners lest they appear too knowledgeable about sex" (Kiragu, 2001: 11)

It would be impossible to deny that vast imbalances between the sexes still exist in society today. A result is that adolescent girls tend to find themselves in a particularly precarious situation, one that is more often than not characterised by their inability to consult and negotiate their own terms in a sexual relationship. In circumstances such as these it is often close to impossible to mention let alone insist on a male partner using a condom. Hulton et al (2000) in their study of the sexual behaviour of adolescents in Kenya identified two principal reasons, which affected the behaviour of young females and which contributed to their problematic position. These were forced sex and the act of having sex for the purpose of securing material gains and benefits.

A similar situation was found in South Africa. Ntsiki Manzini (2001) quotes the results of a study conducted by Varga and Makubalo, which showed that 58% of girls in the survey preferred to refrain from any discussion of contraception with their sexual partners for fear of recrimination and violence. Manzini also quotes work done by Jewkes, which revealed that a third of South African young women experienced a forced first sexual experience (Manzini. 2001: 45). Jewkes et al (2001) argue that it is not solely the early age of sexual initiation which contributes to the detrimental position females find themselves in but rather the very disproportionate power relations within the sexual relationship. Their study of teenage pregnancy among adolescents in Cape Town showed that there were certain common characteristics among those girls that fell

pregnant in their teens. Their cases, which were pregnant teenagers, were more likely to report relationships with older men and forced sexual experiences than their control group which consisted teenage girls who were not pregnant and who had reported never having had a child. "More equal power relations seemed to be protective against pregnancy" (Jewkes et al, 2001: 740 – 742).

Morrell et al's (2001) study of school goers in KwaZulu-Natal showed that most of the girls who were interviewed had either personally experienced a forced sexual encounter or was familiar with someone who had. Most expressed serious concerns about being attacked. MacPhail and Campbell state that young women have come to believe that relationships for men are purely about sex and that that they are in no position to argue for or believe otherwise. They quote a telling response from their study of adolescents in Khutsong, South Africa. A young girl aged between 13 and 16 stated:

I also think that it is because usually men have ninety percent of power. Men are the head of the family so that causes trouble because they can abuse women. (MacPhail and Campbell, 2001: 1622 – 1623)

Adolescent girls also find themselves in a vulnerable position when their sexual relationships are based on the idea of securing material benefits. Kelly and Parker (2000) conclude in their report of the 'Sentinel Site Monitoring and Evaluating Project' conducted in South Africa, that in addition to the material gains secured by younger girls in relationships with older men there is also the added prestige. Young girls in the study sample referred often to the fact that older men could give them more than males their age could. The situation seems to be more precarious for girls from poorer backgrounds as they are generally more likely to become involved with older men. The study found that girls who come from more well-off homes were predisposed to relationships with boys their same age or just a few years older. Kelly and Parker deduced that "age differentials of three years or more for under 16 years old could arguably be deemed as opening the possibility of coercion and manipulation" (Kelly and Parker, 2000: 34 – 35).

2.2.3. Adolescent Male Sexuality

The phrase “reproductive health” for most people is often associated with women and women-related issues. This is not something that has happened by accident. The advent of female contraceptives such as the pill, injections and intra-urinary devices, which did not have to be used or inserted solely during sexual intercourse, ensured that responsibility for contraception shifted largely away from the realm of men (Darroch. 2000: 90). The proverbial applecart has since been upset. Factors such as stubbornly high fertility rates in the developing world and colossal HIV/AIDS and sexually transmitted infection rates have forced many to reappraise the long-standing tradition of focussing on and targeting women in sexual and reproductive health issues. It has been recognised that men and more especially adolescent males have to be seen as integral actors (Blanc and Way, 1998)

An important determinant of condom use among adolescents is that of male attitudes and beliefs around sexuality and sexual behaviour. MacPhail and Campbell (2001) argue that society is infused with certain notions and ideas about what constitutes being a male. One of these is the idea that ‘real men’ have many sexual partners. Thus the “need for men to engage in multiple sexual relationships combined with internalised negative attitudes towards condoms place their sexual health at risk.” (2001: 1615 – 1616) The male sexual drive is elevated to be of primary importance with little or no consideration for the female. This masculinity often coincides with “misogynistic attitudes, violence and hostility towards ideas of gender equality, particularly in the realm of relationships” (Morrell et al, 2001: 54).

Varga quotes a study conducted by Karim and Morar in KwaZulu-Natal in 1994, which revealed male attitudes equating many sexual partners to a more heightened and powerful masculinity (2001: 184). Varga’s review of studies being conducted on adolescent sexual behaviour in Sub-Saharan Africa showed that young male propagated violence in sexual relationships was not uncommon and “a worrying aspect...is the finding in several studies that both boys and girls appear to view sexual coercion not only as a socially acceptable part of their sexual relationships but also as a symbol of (male) love and commitment.” (2001: 182) In South Africa this was confirmed by the Lovelife Survey in 2001, in which 23% of 2000 adolescent respondents affirmed that

having more than one sexual partner meant being “cool/hip” (Quoted in Morrell et al, 2001: 54). Drawing on the results of the Sentinel Project Kelly and Parker conclude this attachment of importance to supposedly masculine ideals puts them at a greater risk since it actively acts against the adoption of safer sex practices. The situation was most apparent in the survey area in KwaZulu-Natal. (2000: 24)

The influence of ideas and attitudes informing the concept of male sexuality is clearly apparent when it comes to discussions of falling pregnant or avoiding such a consequence. Hulton et al's (2000) study of adolescents in Uganda showed that males rarely consider a partner falling pregnant an immediate concern of theirs. As a result it was not something they were going to take active steps to avoid. In contrast girls professed to be much more wary about an early or mistimed pregnancy. The authors go so far as to conclude that for many boys, having a baby was seen as a means of improving their standing and that the male's wish to have a child seemed to be more of a factor than wishing to prevent a pregnancy (2000: 43).

2.2.4. The Influence of Peer Attitudes and Beliefs

One of the main factors affecting the sexual behaviour of adolescents is the influence of their peers. Klitsch (1990) has written about a study conducted in the United States which showed that the idea that condoms were acceptable amongst their peers was more of a factor influencing the use of condoms than the desire to prevent a pregnancy or HIV/AIDS. (1990: 95) Similarly it was found in Ghana that there was a greater likelihood of condom use if it was positively discussed among peers (Estrin, 1999). Hulton et al's study of adolescents in Uganda revealed great pressure being exerted on both young girls and boys to initiate sexual activity, although the boys faced considerably stronger pressure. (2000: 43)

Adolescents in South Africa face similar experiences with peer pressure that teenagers elsewhere in the world face. Varga's study of young Zulu men found that their sexual behaviour was strongly affected by the ideas and beliefs espoused by their peers. (Varga, 2001: 186) MacPhail and Campbell found a similar trend in their study. Young men were particularly wary of what their friends and peers thought and revealed their decisions to refrain from using condoms after being mocked by their friends for doing so

(2001: 1620). Kelly and Parker echo these findings and reiterate that the situation weighs heavily against any kind of positive behaviour change regarding the use of condoms (2000: 24).

Despite the rather gloomy picture presented of adolescent sexual activity there have been indications of changes. MacPhail and Campbell encountered many teenagers in their study who were willing to challenge certain societal and peer attitudes and ideas. Some respondents expressed admiration for those boys who had chosen to remain celibate. There were also girls who remained adamant about insisting on condom use with their partners (2001). Similarly Morrell et al found that young boys in KwaZulu Natal were willing to disregard certain stereotypes and ideas being advocated by their peers (2001).

Chapter 3: Sexual Experience

Respondents in the survey were asked a series of questions about their sexual knowledge and experience. The initial question in this section asked if they had ever had sexual intercourse. Rutenberg et al (2001) in their report of the results of Wave 1 state that sexual intercourse was explained as full penetration but they warn however that “since respondents may be embarrassed or reluctant to admit they are sexually active” the true figures for many of the responses may actually be higher or lower than they really are. Those respondents who reported having had sexual intercourse were then asked a series of further questions about their sexual initiation and experience.

3.1. Sexual Initiation

Out of the total sample in Wave 1, just under half admitted to having had sexual intercourse (1476 out of a sample of 3096). A higher percentage of males responded in the affirmative, 51% as compared to 45% of females. As expected the figures rose dramatically with the age of respondents. Table 3.1 shows the percentage of these respondents broken down by age and sex. Unsurprisingly the percentages for males are higher, particularly at the younger ages. From an early age many males are exposed to norms and beliefs espousing the idea of a masculinity equated with increased sexual activity. Thus the earlier the onset of sexual activity, the greater the prestige and status accorded the individual (McPhail and Campbell, 2001; Varga, 2001).

Table 3.1. Respondents who have had sexual intercourse by sex and age (%)
(n = 1476)

Age	Male	Sample	Female	Sample
14-15	13	100 (n=344)	8	100 (n=421)
16-19	55	100 (n=753)	46	100 (n=862)
20-22	85	100 (n=303)	81	100 (n=409)

Fifty five percent of African respondents reported having had sexual intercourse, as did 35% of White respondents, 34% of Coloured respondents and 22% of Indian respondents. Amongst the various race groups the percentages for males were higher

than that for females though there was less of a difference among the African and White samples. Amongst the African respondents 58% of the males had had sex as compared to 52% of African females. The comparative figures for Whites were 36% and 34%. For Coloureds it was 43% of males and 25% of females and for Indians it was 29% and 16%. Table 3.2 presents these figures broken down by age, sex and racial grouping.

Table 3.2. Respondents who have had sexual intercourse by sex and age and Race (%) (n = 1476)*

Male	Age	African	Sample	Colored	Sample	Indian	Sample	White	Sample
	14-15	17	100(n=250)	11	100 (n=9)	3	100 (n=66)	0	100 (n=19)
	16-19	62	100(n=536)	56	100(n=18)	34	100(n=140)	41	100 (n=59)
	20-22	90	100(n=251)	67	100 (n=3)	63	100 (n=30)	58	100 (n=19)
	Total		1037		30		236		97
Female	14-15	10	100(n=319)	0	100 (n=4)	1	100 (n=74)	4	100 (n=24)
	16-19	54	100(n=637)	30	100(n=23)	16	100(n=147)	38	100 (n=55)
	20-22	86	100(n=354)	0	100(n=1)	40	100 (n=41)	69	100 (n=13)
	Total		1310		28		262		92

Relationship status seems to have had a significant effect on the sexual experience of the sample. 36% of single respondents have had sexual intercourse while the corresponding figure for those with steady boyfriends or girlfriends was 75%.

The proportion of the sample of Wave 2 that had had sexual intercourse was 56% (2355 out of 4185). As with Wave 1 a higher percentage of males had had sex than females, 61% as opposed to 52% - a predictable result as explained earlier. The percentage of respondents who'd had sexual intercourse rose with age. Table 3.3 illustrates the percentage of respondents who had had sex in terms of age and sex.

* The number of Coloured respondents was small making the percentages for this racial group less accurate than the others.

Table 3.3. Respondents who have had sexual intercourse by sex and age.
(%) (n = 2355)

Age	Male	Sample	Female	Sample
14-15	17	100 (n=311)	10	100 (n=382)
16-19	57	100 (n=1029)	46	100 (n=1108)
20-22	87	100 (n=529)	82	100 (n=529)
23-26	95	100 (n=114)	92	100 (n=180)

Of the African respondents 64% reported having had sexual intercourse as compared to 48% of Coloured respondents and 37 and 31% of White and Indian respondents respectively. With the exception of White respondents a higher percentage of males had had sex. Table 3.4 below presents the breakdown of respondents who have had sexual intercourse by age grouping, sex and race.

Table 3.4. Respondents who have had sexual intercourse by sex and age and Race (%) (n = 2355)

Male	Age	African	Sample	Colored	Sample	Indian	Sample	White	Sample
	14-15	20	100(n=237)	0	100 (n=8)	8	100(n=59)	0	100 (n=7)
	16-19	66	100(n=756)	62	100(n=21)	34	100(n=202)	24	100(n=50)
	20-22	91	100(n=397)	75	100(n=12)	76	100(n=97)	50	100(n=23)
	23-26	95	100(n=103)	50	100(n=2)	100	100(n=6)	100	100(n=3)
	Total		1493		43		364		83
Female	14-15	13	100(n=284)	13	100(n=8)	1	100(n=70)	10	100(n=20)
	16-19	55	100(n=812)	38	100(n=26)	31	100(n=223)	38	100(n=47)
	20-22	89	100(n=427)	88	100(n=8)	43	100(n=81)	92	100(n=13)
	23-26	96	100(n=161)	-		53	100(n=15)	75	100(n=4)
	Total		1684		42		389		84

As with Wave 1 the current relationship status seems to have had a significant effect on whether respondents have had sexual intercourse. 27% of single study participants reported having had sex while 84% of those with steady boyfriends or girlfriends reported having done so.

3.2. Condom Use At First Sex

Respondents who had admitted to having had sexual intercourse were then asked if they had used a contraceptive method to prevent pregnancy the first time that they had had sex. In Wave 1 only 429 respondents out of a total of 1476 (who had had sex) reported utilising a contraceptive method to prevent pregnancy – comprising 29%. The figure was higher for females with 34% wanting to avoid a pregnancy compared with 24% of males. This figure underscores the results of Hulton et al's (2001) study of adolescents in Uganda which illustrated that societal and peer attitudes towards male sexuality often mean that young men are not as concerned about the consequences of an unwanted pregnancy, much rather preferring it to be the concern of their female partner. They are thus less likely to use a method to prevent such an occurrence. Furthermore having a baby is often seen as proof of their sexual prowess and virility (Hulton et al. 2001). There was no uniform increase in the percentages with age. There was a marked difference between the 14-15 and 16-19 year olds with the latter representing the largest proportion. The lowest percentages however were recorded for those aged between 20 and 22. The percentages for both single respondents and those with steady boyfriends and girlfriends were almost identical at 30%. 82% of white respondents used a contraceptive method to prevent pregnancy the first time they had sexual intercourse. For Indians this figure was 64% and 55% and 23% for the Coloured⁺ and African respondents respectively.

The majority of respondents in Wave 1 who stated that had used a contraceptive method to prevent pregnancy the first time they had sexual intercourse, reported using a condom (72%). Amongst male respondents 86% mentioned using condoms as compared to 63% of females. For Coloured, Indian and White male respondents, reported condom use was almost 100%. For White females this figure stood at 50%. The percentage of African respondents who used condoms at first sexual intercourse to prevent pregnancy declined with age. Table 3.5 shows the percentages for African respondents in terms of age groups.

⁺ The Coloured sample for this question was also very small.

Table 3.5. African Respondents who reported using condoms to prevent pregnancy the first time they had sexual intercourse (%)

Age	Male	Sample	Female	Sample
14-15	100	100 (n=5)	89	100 (n=9)
16-19	80	100 (n=54)	64	100 (n=117)
20-22	66	100 (n=32)	62	100 (n=77)
Total		69		126

The study participants were also asked if they had used a method to prevent disease when they first had sexual intercourse. Of the 1476 respondents who had had sex, only 364 (representing 25%) had done so. Amongst the males 21% reported having done so as compared to 28% of the females. Although the percentages were low with both males and females across all the age groups, a higher percentage of females in all the groups answered that they had used a method to prevent disease. The lowest percentages for both males and females were for participants in the 20-22 age group. Single participants were slightly less likely to use a method to prevent disease than their counterparts with boyfriends and girlfriends. Because the figures for Coloured, Indian and White participants who answered this question were small it is difficult to draw any pertinent conclusions. The figures for African respondents however reflected the general trend as was to be expected since they comprised the bulk of those who disclosed information on this topic. A higher percentage of African females than males reported using condoms at their first sexual intercourse to prevent disease. Table 3.6 presents these results expressed as percentages.

Table 3.6. African Respondents who reported using a method to prevent disease the first time they had sexual intercourse (%)

Age	Male	Sample	Female	Sample
14-15	14	100 (n=43)	25	100 (n=32)
16-19	17	100(n=331)	26	100 (n=343)
20-22	11	100(n=226)	25	100 (n=306)
Total		600		681

When questioned about the specific method used to prevent a disease at the time of first sexual intercourse, an overwhelming majority of the sample in Wave 1 stated that they had used condoms. Of the respondents that had used a method, 93% reported using a condom. The proportion of males was slightly higher than that of the females with 97% of them using a condom to prevent disease as compared to 90% of the females. Condom use, as a means of protection against STI's was high across all race groups ranging from 90% of African participants, 95 and 96% for Indian and White respondents respectively and 100% of Coloured respondents. For Coloured, Indian and White males and females condom use was either 100% or close to it. For African males the figure stood at 94% and 84% for females. Table 3.7 shows the percentages for African study participants

Table 3.7. African Respondents who reported using a condom to prevent disease the first time they had sexual intercourse (%)

Age	Male	Sample	Female	Sample
14-15	100	100 (n=43)	100	100 (n=32)
16-19	94	100 (n=331)	92	100 (n=343)
20-22	92	100 (n=226)	83	100 (n=306)

When the respondents in Wave 2 were asked if they had used a method to prevent pregnancy the first time they had sex only 764 respondents reported having done so (33% of the total that had had sex). A higher percentage of males responded in the affirmative – 43% as compared to 35% for females. This was different from the percentages in Wave 1, which showed the reverse trend. This could in part be explained by the fact that the sample in Wave 2 has an older group (aged 23 – 26), which was not present in Wave 1. Younger women are more likely to contracept against pregnancy than slightly older women. The inclusion of older women in the sample could thus explain the higher figures for male contraceptive use to prevent pregnancy. As with Wave 1 there was no clearly distinguishable pattern in the responses to the question in terms of age of the participants. Amongst 14-15 year olds who'd had sex 36% reported using a method to prevent pregnancy while the figure was 37% of 16-19 year olds, 29% of 20-22 year olds and 23% of 23-26 year olds. 85% of White sexually active respondents mentioned using a method to avoid falling pregnant at sexual initiation, as

did 72% of Indian respondents and 59% and 26% of Coloured and African respondents respectively. Single study participants were slightly more likely to report this behaviour than those with steady boyfriends and girlfriends (38% and 30% respectively).

As with Wave 1 a high proportion of respondents in Wave 2 who had used a method at first sex to prevent pregnancy, reported using condoms. - 91%. The proportion of males was slightly higher than females - 72% and 68% respectively. The proportions across all the race groups were uniformly high – over 90%. For Black and Coloured respondents a higher percentage of female participants reported using a condom while this trend was reversed for Indian and White respondents.

When the respondents of Wave 2 were asked if they had used a method to prevent disease the first time they had sexual intercourse an equally low proportion of respondents answered that they had – 711, representing just 30% of those who'd had sex. A slightly higher percentage of females responded in the affirmative. In terms of age the figures were almost identical for respondents aged between 14-15 and 16-19 (34% and 35% respectively). These figures did however decline with age. Only 27% of those aged 20-22 and 20% of those aged 23-26 said that had used a method to prevent disease at the time of their first sexual encounter. African respondents were least likely to report using a method for this purpose with just 24% stating that they had. Once again white participants were most likely with 71% having used a method to prevent disease. 46% of Coloured respondents had done so as had 66% of Indian respondents.

In Wave 2 the vast majority of those who said that they had used a method to prevent contracting a disease the first time they had sex reported using a condom – 640 out of 711. In contrast to those using a condom to prevent pregnancy, females were slightly more likely to use a condom to prevent becoming infected with a STI the first time they had sex. Condom use to prevent disease across all age groups was low but was lowest amongst those aged between 20-22 and 23-26. Table 3.8 presents the figures as percentages in terms of age, sex and race.

Table 3.8. Respondents who used condoms to prevent disease at first sexual intercourse - by sex and age and race (%)

	African	Sample	Coloured	Sample	Indian	Sample	White	Sample
Male								
14-15	90	100 (n=10)	-	-	100	100 (n=2)	-	-
16-19	86	100(n=118)	100	100 (n=4)	98	100 (n=56)	100	100 (n=7)
20-22	80	100 (n=69)	100	100 (n=4)	92	100 (n=51)	100	100 (n=7)
23-26	75	100 (n=16)	100	100 (n=1)	50	100 (n=4)	100	100 (n=2)
Female								
14-15	94	100 (n=16)	100	100 (n=1)	100	100 (n=1)	100	100 (n=1)
16-19	94	100(n=163)	100	100 (n=4)	90	100 (n=21)	100	100(n=14)
20-22	87	100 (n=22)	100	100 (n=5)	81	100 (n=16)	90	100(n=10)
23-26	88	100(n=25)	-	-	100	100 (n=3)	100	100 (n=3)

3.1.3. Sexual History with Most Recent Sexual Partner

In addition to the details pertaining to their sexual initiation study participants were also asked about their sexual history – more specifically they were questioned about their most recent sexual partners. Although it would have been useful for this study to determine if any patterns and relationships exist over the course of several sexual partners it is beyond the scope of this study to do this. Due to the age of participants the number reporting second and third most recent sexual partner declines significantly and any subsequent results would therefore be problematic. Consequently it was decided to focus solely on information pertaining to the most recent sexual partner.

In Wave 1, 1351 respondents furnished details about their most recent sexual partner. This sample was then asked if they had ever talked to their partner about the use of condoms - 70% of respondents answered that they had done so. The figure was exactly the same for both male and female respondents. The percentage that said that they had spoken to their partner about the use of condoms increased with age. Table 3.9 presents the percentages for both males and females across the three age groups. There is a positive indication here that young women are talking about condom use, a

signal perhaps that many are not seeing themselves in positions of weakness and vulnerability.

Table 3.9. Respondents who ever talked to their most recent sexual partner about the use of condoms (%)

Age	Male	Sample	Female	Sample
14-15	58	100 (n=36)	63	100 (n=32)
16-19	68	100 (n=368)	69	100 (n=377)
20-22	75	100 (n=227)	71	100 (n=311)

Amongst the African respondents who had supplied information about their most recent sexual partner 69% had discussed the use of condoms with this partner. This was also true for 81% of Indian respondents, 85% of White respondents and 95% of Coloured respondents. For African study participants the percentages increased with age while for Indian and White respondents this trend was reversed.

Respondents in Wave 1 were then asked a series of questions pertaining to the last time they had sexual intercourse with their most recent partner. Just under half responded that they or their partner had used a condom – 55% of the males and 44% of the females. Use of condoms at last sexual encounter was relatively low among all the race groups, ranging from 47% of African respondents to 68% of White respondents who supplied information about their last sexual encounter. There was no straightforward increase or decrease with age. Table 3.10 illustrates the percentages who used a condom by age groups.

Table 3.10. Respondents who either themselves or their most recent sexual partner used a condom the last time they had sex (%)

Age	Male	Sample	Female	Sample
14-15	44	100 (n=36)	47	100 (n=32)
16-19	55	100 (n=368)	46	100 (n=377)
20-22	57	100 (n=226)	41	100 (n=309)

Those respondents who answered that they had used a condom the last time they had sex were then questioned about the main reason behind their decision to do so. Out of the 662 respondents 262 stated that they had used a condom because of a personal

desire to prevent both pregnancy and HIV/AIDS infection (40%). Thirty eight percent of respondents said that the main reason for them using a condom was their individual desire to avoid falling pregnant while 20% felt that they wished to avoid contracting an STI. The wish to avoid an unwanted pregnancy seems to be largely unaffected by age with the percentages remaining almost exactly constant at around 40%. The wish to avoid contracting an STI however seems to decline with the increase in age, ranging from 29% of those aged 14-15 to 21% of those aged 20-22. Of those aged 14-15, 29% wished to prevent both an STI and a pregnancy, this figure rose to 43% of those aged 16-19 and dropped again to 36% for those aged 20-22. Tables 3.11 and 3.12 below present the percentages in terms of sex and race.

Table 3.11. Main reason for using a condom at last sex with most recent sexual Partner (%) (n = 662)

Reason	Male	Female
Prevent Pregnancy	33	44
Prevent STI/HIV	22	17
Prevent both	43	36
Other	2	3
Total	100 (n=349)	100 (n=314)

Table 3.12. Main reason for using a condom at last sex with most recent sexual Partner (%) (n = 662)

Reason	African	Coloured	Indian	White
Prevent Pregnancy	34	51	51	74
Prevent STI/HIV	9	9	9	5
Prevent both	57	40	40	18
Other	0	0	0	3
Total	100 (n=556)	100 (n=11)	100 (n=57)	100 (n=39)

When asked if they had used a method to prevent pregnancy the last time they had sex, 60% of those that responded answered that they had. Males were slightly more likely than females to have done so – 62% as compared to 59%.

Of those who had used a method 60% mentioned using a condom. Males were significantly more likely to have used a condom than females - 72% as compared to 50%. The percentage of study participants who used condoms at last sex to prevent pregnancy dropped considerably with their age – 86% of those aged 14-15 to 53% of those aged 20-22. Amongst Indian respondents who used a method at last sex to prevent pregnancy 81% used a condom as did 62% of Coloured respondents, 59% of African respondents and 53% of White respondents.

In Wave 2, 2114 (out of 2355 who had initiated sexual intercourse) respondents answered questions pertaining to their most recent sexual partner. When asked if they had ever talked to this partner about the use of condoms 81% of those who had answered the question responded in the affirmative. 80% of males respondents reported having discussed the use of condoms while 82% of females reported having done so. African and White respondents were slightly more likely to have discussed the use of condoms with their partners than their Coloured and Indian counterparts. Table 3.13 below presents the percentages for both males and females across the three age groups. Once again the positive aspect here is that young women are confident enough to discuss and negotiate the use of condoms with their partners. The low percentage in the 23-26 age group for women could perhaps be explained by the fact that older women could possibly be relying on other ‘female orientated’ contraceptive methods.

Table 3.13. Respondents who ever talked to their most recent sexual partner about the use of condoms (%) (n = 2112)

Age	Male	Sample	Female	Sample
14-15	62	100 (n=39)	84	100 (n=37)
16-19	82	100 (n=504)	82	100 (n=472)
20-22	84	100 (n=413)	82	100 (n=401)
23-26	84	100 (n=84)	70	100 (n=149)

When the sample in Wave 2 were questioned about their last sexual encounter with their most recent sexual partner 58% of those who answered this question said that either they themselves or their partner used a condom – 67% of the males and 49% of

the female. African, Coloured and Indian males were more likely to have used a condom though the situation was different for White respondents. Overall White respondents were most likely to have used a condom at their last sexual encounter – 73% reported having done so as compared to 62% of Coloured respondents, 59% and 57% of Indian and African respondents respectively. The use of condoms at last sex declined after the age of 19. Table 3.14 present the percentages of study participants who did use a condom in terms of their age and sex.

Table 3.14. Respondents who either themselves or their most recent sexual partner used a condom the last time they had sex (%) (n = 2111)

Age	Male	Sample	Female	Sample
14-15	51	100 (n=39)	70	100 (n=37)
16-19	70	100 (n=504)	53	100 (n=472)
20-22	66	100 (n=413)	47	100 (n=401)
23-26	59	100 (n=97)	40	100 (n=148)

Out of the 1227 respondents who used a condom at their last sexual encounter 64% used it for the purposes of protecting both against HIV/STI's and an unwanted pregnancy. Just 22% used a condom to prevent a pregnancy and 9% used it solely to guard against contracting HIV or an STI. Age seems to have had little effect on those wishing solely to protect against pregnancy. The percentage was fairly constant at around 23% for all those aged between 14 and 22 though the figure did drop to 16% for those aged 23-26. The same applied to those wishing to avoid contracting HIV or STI's with the percentages around 10% across all age groups. The percentages of those wishing to protect against both pregnancy and HIV/STI's declined gradually with age – ranging from 78% of those aged 14-15 to 67% of those aged 23-26. Tables 3.15 and 3.16 below present the percentages in terms of sex and race. Once again the percentage of males wishing to prevent pregnancy are higher than that for female respondents which could be explained by the presence of an older female group within the sample.

Table 3.15. Main reason for using a condom at last sex with most recent sexual Partner (%) (n = 1217)

Reason	Male	Female
Prevent Pregnancy	24	19
Prevent STI/HIV	9	10
Prevent both	63	65
Other	4	6
Total	100 (n=700)	100 (n=518)

Table 3.16. Main reason for using a condom at last sex with most recent sexual partner (%) (n = 1217)

Reason	African	Coloured	Indian	White
Prevent Pregnancy	16	58	49	71
Prevent STI/HIV	10	0	6	7
Prevent both	68	42	43	17
Other	6	0	2	5
Total	100 (n=1030)	100 (n=24)	100 (n=123)	100 (n=1218)

Study participants were then asked if they had used a method to prevent pregnancy the last time they had sex with their most recent sexual partner. Amongst those who responded 65% said that they had – 68% of the males and 63% of the females.

Just over three quarters of those that had used a method mentioned using a condom. Males were more likely than females to have used a condom to prevent against pregnancy the last time they had had sex. The percentages decreased as the age of the respondents increased. 77% of African respondents who had used a method used a condom, as did 71% of Indian respondents, 67% of Coloured respondents and 66% of White respondents.

Chapter 4: Sexual Knowledge, Attitudes and Practice

In order to establish either the existence or non-existence of a relationship between sexual knowledge, attitudes and actual practice, the analysis contained in this chapter has been carried out only on those respondents who had reported having had sexual intercourse.

4.1. Knowledge and Perceptions About HIV/AIDS and STI's

Out of a total of 3096 respondents in Wave 1, 1476 had already had sexual intercourse and furnished information pertaining to it. This number represents 48% of the total sample of the Survey.

When this portion of the sample was asked if a person could do anything to protect him or herself from getting HIV/AIDS an overwhelming majority answered that they in fact could – 98% of those whose responses were recorded. The percentages for both male and females were almost identical. They were also extremely high across all the age and race groups.

Study participants were then asked how specifically people could protect themselves from getting infected with HIV/AIDS. Amongst those who responded 96% mentioned condoms - 97% of the males and 95% of the females mentioned condoms. The percentages were also uniformly high across all the age groups. The same held true for all the race groups as well.

In order to ascertain the perception of risk of contracting HIV/AIDS respondents were asked if they have no risk, a small risk, a moderate risk or a great risk of getting the AIDS virus in the next 12 months. Almost two thirds of those whose responses were recorded indicated that they faced no risk while 12% felt that they faced a great risk. Male respondents were slightly more likely to have perceived no risk than female ones. Thirteen percent of females perceived a great risk as compared to 11% of males. Amongst Indian respondents 72% perceived no risk, as did 65% of Coloured and White respondents and 63% of African respondents. There weren't any Coloured or White participants who perceived a great risk while 13% of African respondents and 1% of

Indian respondents did so. Table 4.1. shows perceptions of no risk and great risk as percentages cross-tabulated with the age groups of respondents.

Table 4.1. Perception of risk of contracting AIDS virus in the next 12 months by age groups of respondents (%).

Age	No risk	Great risk	Sample
14 – 15	71	6	100 (n=78)
16 – 19	65	12	100 (n=788)
20 - 22	61	13	100 (n=575)

When questioned about the main reason underlying their perception of no risk 46% mentioned that they always use condoms and 26% stated that they had only one partner. Only 170 study participants felt they faced a great risk. Of these, 39% blamed it on unprotected sex and 23% on having multiple partners.

When asked if they had ever heard of STI's besides HIV/AIDS 58% of the sexually active sample said that they had. 61% of males and 56% of females had done so. Knowledge increased significantly with the age of respondents – 29% of those aged 14-15 had heard of an STI besides HIV/AIDS, while the percentage for those aged 16-19 was 57% and 65% of those aged 20-22. White and Coloured respondents were more likely to have heard of an STI with 89% and 70% of them respectively having done so. 58% of African respondents and 43% of Indian respondents had done so.

Study participants were than asked what a person could do to avoid getting a STI. Of the 863 responses, 768 mentioned the use of condoms (89%). Almost 90% of the males who responded to the question mentioned condoms, as did 88% of females. Amongst those aged 14-15, 83% mentioned condoms as did 89% of those aged 16-19 and 20-22. Amongst African who answered the question 90% mentioned condoms, as did 85% of Indian respondents, 81% of White respondents and 79% of Coloured respondents.

In Wave 2, 2355 respondents had had sexual intercourse. This represented 56% of the sample. When they were asked if anything could be done to protect against contracting HIV/AIDS, 98% responded affirmatively. As with Wave 1 the percentages for

both sexes were almost identical. There was little deviation in the response across all age and race groups.

When asked about particular methods that could be used to protect against HIV/AIDS 93% of the sample listed condoms. The percentages for both males and females were identical. The figures were very close for respondents across all age and race groups.

Three fifths of respondents felt that they faced no risk of contracting AIDS in the next 12 months while 7% felt that they faced no risk of all. 4 respondents volunteered the fact that they were HIV positive. White and Indian respondents were slightly more likely to perceive no risk at all and were almost unlikely to perceive a great risk. 8% of African respondents and 7% of Coloured respondents felt a great risk. Table 4.2. shows perceptions of no risk and great risk as percentages cross-tabulated with the age groups of respondents.

Table 4.2. Perception of risk of contracting AIDS virus in the next 12 months by age groups of respondents. (Percentages)

Age	No risk	Great risk	Sample
14 – 15	63	4	100 (n=92)
16 – 19	61	7	100 (n=1088)
20 - 22	61	6	100 (n=883)
23 - 26	53	7	100 (n=272)

The question pertaining to the perception of risk of contracting the AIDS virus in the next 12 months was followed by a question about the main reason behind this perception. 51% of those that felt no risk attributed this to the fact that they always use condoms while 22% believed this to be the case because they had only one partner. Only 158 respondents professed a great risk. 62% of them believed that their risk was due to unprotected sex while 19% attributed this to having multiple partners.

64% of respondents had heard of a STI besides that of HIV/AIDS. Male and female respondents were just as likely to have done so. As with Wave 1 this knowledge did increase with age – though the percentages were significantly higher in Wave 2.

Amongst those aged 14-15, 46% had heard of an STI besides HIV/AIDS, 59% of those aged 16-19, 68% of those aged 20-22 and 76% of those aged 23-26. White respondents were significantly more likely to have had some information with 90% of them knowing of an STI. Indian respondents were least likely to have known with only 47% knowing of an STI besides HIV/AIDS.

Out of the sample of 2355 (who had had sexual intercourse) 1315 mentioned condoms as a means of protection against STI's (56%). The percentage of males and females mentioning the use of condoms was almost identical. Knowledge of the protective function of condoms in this regard increased with age. Just over a third of respondents aged 14-15 mentioned condoms while just over two thirds of those aged 23-26 did so. Just under two thirds of White respondents mentioned condoms, as did 57% of African respondents, 56% of Coloured respondents and just 40% of Indian respondents.

4.2. Attitudes Towards Condoms

Respondents were also presented with a series of statements regarding condoms with which they had to either agree with or disagree with. Their responses to these statements provide an indication of their attitude towards condoms and their use. The results of this dissertation will examine the responses to a selected number of these statements. The first assertion was that "carrying condoms is difficult because it makes it look as if one has planned to have sex". A majority of 62% of the sample disagreed with the statement, 37% agreed and 1% did not know. Age and sex seem to have had little effect on the responses with consistently uniform percentages across these groups. Table 4.3. presents the responses in terms of race groups.

Table 4.3. Carrying condoms is difficult because it makes it look as if one has planned to have sex. (%) (n = 1476)

Race	Agree	Disagree	Don't Know	Sample
African	37	62	1	100 (n=1281)
Coloured	50	45	5	100 (n=20)
Indian	45	55	0	100 (n=109)
White	23	77	0	100 (n=66)

Respondents were also presented with the statement, “Using condoms reduces sexual pleasure”. Just over half the sample disagreed while almost a third agreed. Male respondents were more likely to agree with the statement though the percentages that disagreed were fairly similar for males and females. The proportions that did agree with the statement increased with the age of respondents. Table 4.4 illustrates the responses by race groups.

Table 4.4. Using condoms reduces sexual pleasure (%) (n = 1476)

Race	Agree	Disagree	Don't Know	Sample
African	31	56	13	100 (n=1281)
Coloured	45	50	5	100 (n=20)
Indian	41	49	13	100 (n=109)
White	33	53	14	100 (n=66)

Three quarters of the sample disagreed with the assertion that “when a relationship moves from casual to serious, it is no longer necessary to use a condom”. Almost three quarters disagreed, almost a quarter agreed and a small proportion did not know. Age did not have a drastic effect on the responses. There was a slight increase in the proportions that agreed with the increase in age of respondents and a very slight decline in the proportions that disagreed. The sex of study participants also seems to have had no significant effect on the opinions expressed. A quarter of African and Coloured respondents agreed with the statement as compared to 17% of Indian respondents and 8% of White respondents. White respondents were significantly more likely to have disagreed with the statement.

A considerable majority of the sample disagreed with the statement that “a women loses a man’s respect if she asks him to use a condom” (84%). 14% agreed while 2% did not know. The percentage of responses was virtually identical for both males and females. The proportion who agreed did increase slightly with the increase on age of respondents but age had almost no effect on the percentages of those who disagreed. Coloured, Indian and White respondents were more likely than African respondents to disagree with the statement.

When presented with the statement, “using a condom is a sign of not trusting your partner”, 70% of the sample felt this inaccurate, 29% agreed while 1% did not know. Once again the percentages for both males and females were very close. African and Coloured respondents were more likely to agree wit the statement with 32% of the former agreeing and a quarter of the latter doing so as well, as compared to just 8% of Indian respondents and 5% of White respondents. Table 4.5 presents the responses to the questions in terms of the age of the respondents.

Table 4.5. Using a condom is a sign of not trusting your partner (%) (n = 1476)

Age	Agree	Disagree	Don't Know	Sample
14-15	34	64	3	100 (n=80)
16-19	28	71	1	100 (n=806)
20-22	29	69	2	100 (n=590)

In response to the statement that “carrying condoms is difficult because it look as if one has planned to have sex”, 58% of the sample of Wave 2 disagreed, while 42% agreed. Males were slightly more inclined to agree and disagree with the statement. There was a decrease in the percentages that agreed with the increase in the age of participants and the reverse trend was observed with those who disagreed. Table 4.6 below presents the percentages for the different race groups.

Table 4.6. Carrying condoms is difficult because it makes it look as if one has planned to have sex. (%) (n = 2353)

Race	Agree	Disagree	Sample
African	44	56	100 (n=2018)
Coloured	39	61	100 (n=41)
Indian	36	64	100 (n=232)
White	26	73	100 (n=62)

When read the statement that “using condoms reduces sexual pleasure”, 62% of the sample disagreed while 33% agreed. Males were more inclined to agree with the statement than females. Just over half of the males in the sample disagreed with the statement while just less than three quarters of the females in the sample disagreed. The percentages that agreed declined slightly with age though there was a more pronounced gap between those aged 23-26 and the rest of the sample. Just over half of the those aged 14-15 in the sample disagreed with the statement, 60% of those aged 16-19, 62% of those aged 20-22 and just under three quarters of those aged 23-26. Table 4.7. presents the percentages by the race groups of the respondents.

Table 4.7. Using condoms reduces sexual pleasure. (%) (n = 2353)

Race	Agree	Disagree	Don't Know	Sample
African	33	62	5	100 (n=2018)
Coloured	37	63	0	100 (n=41)
Indian	38	59	3	100 (n=232)
White	29	68	3	100 (n=62)

Of the sample, 71% disagreed with the statement that “when a relationship moves from casual to serious, it is no longer necessary to use a condom”. Males were slightly more likely to have agreed than females and slightly more likely to have disagreed. As with Wave 1 age seems to have had almost no effect on the response to this statement. Table 4.8 below presents the percentages according to the race groups of respondents.

Table 4.8. When a relationship moves from casual to serious, it is no longer necessary to use a condom (%) (n = 2354)

Race	Agree	Disagree	Sample
African	30	70	100 (n=2019)
Coloured	20	80	100 (n=41)
Indian	28	71	100 (n=232)
White	10	90	100 (n=62)

Eighty five percent of the sample disagreed with the contention that “a woman loses a man’s respect if she asks him to use a condom”. As with Wave 1 the percentages for both males and females were very similar. Just under a quarter of those aged 14-15 agreed with the statement though the percentage for the other three age groups was fairly constant at around 14%. Just over three quarters of the sample aged 14-15 disagreed with the statement as compared to an average of 86% for the other three groups. Table 4.9 below presents the percentages broken down by the age groups of respondents.

Table 4.9. A woman loses a man’s respect if she asks him to use a condom (%) (n = 2354)

Race	Agree	Disagree	Sample
African	16	84	100 (n=2019)
Coloured	5	95	100 (n=41)
Indian	8	92	100 (n=232)
White	1	98	100 (n=62)

Just over three quarters of the sample disagreed with the statement that “using a condom is a sign of not trusting your partner”, 23% agreed. As with Wave 1 there was very little difference with the percentages for both sexes. African and White respondents were more likely to agree with the statements while White and Coloured respondents were more inclined to disagree with the statement. Table 4.10 presents the responses according to the age group of the study participants.

Table 4.10. Using a condom is a sign of not trusting your partner. (%) (n = 2353)

Age	Agree	Disagree	Sample
14-15	26	74	100 (n=92)
16-19	10	90	100 (n=1097)
20-24	13	87	100 (n=89)
23-26	16	84	100 (n=274)

4.3. Knowledge of Condom Use and Actual Practice

The results of these questions were then cross-tabulated with the results of questions pertaining to the first time the respondents had had sexual intercourse. The answers to the questions about the possibility of a person doing something to prevent against HIV/AIDS were cross-tabulated with the question of whether a respondent had used a method to prevent against disease the first time they had sex.

Study participants had been asked if they had used a method to prevent disease the first time they had sex. In Wave 1 only a quarter had (364 out of 1476) responded that they had done so. This was then cross-tabulated with those who had mentioned consistent use of condoms as a means of protection against contracting HIV/AIDS. Table 4.5 presents the results of this permutation.

Table 4.11. Used contraception at first sex to prevent disease by “Can a person protect him/herself from HIV/AIDS (n = 1458)

Used Contraception at first Sex to prevent Disease	Can a Person protect him/ herself from HIV/AIDS		
	Yes	No	Total
Yes	423	3	426
No	1003	29	1032
Total	1426	32	1458

The alarming statistic that emerged out of this cross-tabulation was the fact that 1003 respondents who had mentioned condoms as a means of protection against HIV/AIDS failed to use condoms to prevent disease the first time they had sex. In effect 97% of those who failed to use a method were in fact knowledgeable that something could be done to prevent contracting HIV/AIDS. 70% of those who were aware of the fact did not use a method at first sexual intercourse.

When that statistic was broken down it was established that 98% of males who did know that a person could protect themselves from HIV/AIDS did not use a method to do so at first sex. The corresponding figure for females was 96%. There was a very slight increase with age in the percentage of those who knew that HIV/AIDS could be prevented yet did not use a method in this regard at first sex – 93% of those aged 14-15, 97% of those aged 16-19 and 98% of those aged 20-22. In terms of race, 100% of Coloured and White respondents who did not use a method to prevent disease at first sex were knowledgeable that something in fact could be done – this was the case with 97% of African and Indian respondents. Slightly over three quarters of African respondents who knew about a method failed to use one at first sex, as was the case with 45% of Coloured respondents, 35% of Indian respondents and 18% of White respondents.

In order to ascertain the existence or non-existence of a relationship between the knowledge of the protective function of condoms (against HIV/AIDS) cross-tabulations were run between the responses to the question about how people can protect themselves from getting infected with HIV/AIDS and what method the individual used to prevent disease the first time they had sex. As stated earlier 364 respondents (out of 1476 who'd had sexual intercourse) reported using a method. Eighty percent of the participants in the sample of 329 who mentioned condoms as a means of protection did use condoms. Although this is a positive indication the worrying factor is that 18% of the sample listed using the pill, IUD/loop, injectable, non-penetrative sex and withdrawal as methods to prevent against HIV/AIDS. 90% of the males in the filtered sample who had mentioned condoms did use condoms as compared to 74% of the females. Females were twice as likely to have mentioned inaccurate methods of protecting against HIV/AIDS. There was a decline in these percentages with age though the decline was

more pronounced between those aged 14-15 and those comprising the 16-19 and 20-22 age groups.

A cross-tabulation was also run between the responses to the question about what could be done to avoid contracting STI's and whether a method was used to prevent disease at first sex. The sample for this cross-tabulation was also small (222). Of the sample that had used condoms at first sex to prevent disease 87% had mentioned condoms as a means of protection against STI's. Of the sample who had been aware of the protective function of condoms in this regard 92% had used condoms while the remaining. 7% of the sample who were also knowledgeable about this nevertheless mentioned using the pill, injectable, non-penetrative sex and withdrawal as means of protecting against STI's. Due to the size of this filtered sample it was difficult to break it down for further analysis.

The same tools of analysis were applied to the results from Wave 2. More specifically the questions pertaining to knowledge about STI's and HIV/AIDS were cross-tabulated with those pertaining to the first time the respondents had sex. Only 30% of those who had sex, reported using a method to prevent disease the first time they had sex (711 out of 2355). Table 4.12 below presents the results of the cross-tabulation.

Table 4.12. Used Contraception at first sex to prevent disease by “Can a person protect him/herself from HIV/AIDS” (n = 2349)

Used Contraception at first Sex to prevent Disease	Can a Person protect him/ herself from HIV/AIDS			
	Don't remember	Yes	No	Total
Yes		705	5	710
No	6	1602	31	1639
Total	6	2307	36	2349

As with Wave 1 the worrying fact that emerged was that a high proportion of respondents who were aware of the fact that something could be done to prevent HIV/AIDS failed to actually use a condom the first time they had sex. 98% of those who

did not use a method to prevent disease the first time they had sex did know that something could be done to prevent HIV/AIDS.

Almost all of the male respondents and 97% of female respondents who did not use a method to prevent disease at first sex did in fact know that something could be done to prevent contracting HIV. This percentage was uniform across all age groups at 97% though all respondents aged 23-26 who did not use a method to prevent disease at first sex were well aware that it was possible to prevent contracting HIV/AIDS. Race seems to have had little effect on this percentage with consistently high percentages being apparent across all the groups.

Cross-tabulations were then run to examine specifically the statistics around the knowledge of the functions of condoms and the actual use of condoms. As in Wave 1 the result was relatively positive. About 90% of those in the sample of 711 (who had mentioned condoms as a means of protection against HIV/AIDS and had used a method to prevent disease at first sex) used a condom at first sexual intercourse. 88% of the males who had mentioned condoms did use condoms at first sex, the figure for females was 92%. Almost all of the males who did not use a condom at first sex did know about the protective functions of the condom – the corresponding percentage for females was 90%. The percentages were high across all the race groups.

A similar cross-tabulation was also run to analyse condom use with regards to STI's (besides HIV/AIDS). Just over half of the respondents who had listed condoms as a means of protection against STI's did in fact use one at first sexual intercourse to prevent against disease. 61% who did not use a condom did know of the protective function of condoms in this regard. Male respondents who knew about condoms were slightly less likely than female respondents to use them at first sex. Almost two thirds of males who did not use a condom at first sex had previously listed condoms as a way of protecting against STI's, as was the case with 51% of females. Neither of the two respondents aged 14—15 who did not use a condom at first sex had any prior knowledge about condoms and the protection they afforded against STI's. 61% of those aged 16-19 who had failed to use a condom at first sex did, 53% of those aged 20-22 and 100% of those aged 23-26.

4.4. Results of Logistic Regressions

A logistic regression was used in order to determine which variables if any, have a significant effect on condom use. The dependent variable for this regression was condom use. This “condom use” was determined by whether a respondent used a condom the last time they had sex with their most recent sexual partner. As mentioned in the introduction the recent nature of the experience counters the potential inaccuracies stemming from memory lapse. However a “potential shortcoming of this variable is that youth in longer-term sexual relationships may have discussed contraceptive when they initiated sexual intercourse with this partner, but may not discuss condom use (or other contraceptive use) in subsequent sexual experiences (Wilson, 2002: 50). Table 4.13 presents the variables and their frequencies, which were used, in the condom use modelling for Wave 1. Table 4.14 presents a table of those variables, which had the most significant effect on the dependent variable of condom use. Table 4.15 and 4.16 present the same information but pertaining to Wave 2 instead.

Table 4.13. Variables Used in Condom Use Modelling for Wave 1

Variables	Frequencies	Percentages
Gender		
Male	716	48.5
Female	760	51.5
Age Groups		
14-15	80	5.4
16-19	806	54.6
20-22	590	40.0
Population Group		
African	1281	86.8
Coloured	20	1.4
Indian	109	7.4
White	66	4.5
Relationship Status		
Ever Married [Married/ Living Together/ Separated / Divorced / Widowed]	47	3.2
Single	806	54.6
Steady Boyfriend / Steady Girlfriend	622	42.2
Mentioned Condoms as protection from AIDS		
Yes	1368	92.7
No	108	7.3
Attitudes		
Carrying condoms is difficult because it makes it look as if one has planned to have sex		
Don't Know	21	1.4
Agree	542	36.7
Disagree	913	61.9
Using condoms reduces sexual pleasure		
Don't Know	194	13.1
Agree	467	31.6
Disagree	815	55.2
When a relationship moves from casual to serious it is no		

longer necessary to use a condom		
Don't Know	43	2.9
Agree	337	22.8
Disagree	1096	74.3
A woman loses a man's respect if she asks him to use a condom		
Don't Know	31	2.1
Agree	208	14.1
Disagree	1237	83.8
Using a condom is a sign of not trusting your partner		
Don't Know	20	1.4
Agree	427	28.9
Disagree	1029	69.7
Total	1476	100.0

Table 4.14. Model of Variables that most Affected Condom Use in Wave 1

Variable	Odds Ratio
Relationship Status	
Ever Married [Married/ Living Together/ Separated/ Divorced/ Widowed]	.426 ⁺
Single	.763*
Steady Boyfriend/ Steady Girlfriend (r)	1.0
Mentioned Condoms as Protection from AIDS	
Yes	2.075*
No (r)	1.0
Attitudes	
(1) Using condoms reduces sexual pleasure	
Don't Know	.285
Agree	.685*
Disagree (r)	1.0
(2) When a relationship moves from casual to serious, it is no longer necessary to use a condom.	
Don't Know	1.266
Agree	.645*
Disagree (r)	1.0
(3) Using a condom is a sign of not trusting your partner	
Don't know	.665
Agree	.480 ⁺
Disagree (r)	1.0
r = reference category * = significant at 0.05 level + = significant at 0.00 level	

The results of the regression revealed that relationship status was a significant factor in influencing condom use. Those respondents who were single were 76% less likely to have used a condom at last sex than their counterparts with steady boyfriends and girlfriends. This is in keeping with the findings in studies (Ku et al, 1994; Bankole et al, 1999) which demonstrated that there is a great likelihood that condom use will decline as a relationship progresses and that the highest rates of condom use were more often than not reported by individuals not in relationships.

Knowledge also proved to be significant in influencing the dependent variable. Those who had mentioned condoms as a means of protection against AIDS were twice as likely to have used a condom at last sex than those who did not. This is in line with Dickson-Tetteh and Ladha's (2000) finding that knowledge of the risks of unprotected sexual intercourse is very high in South Africa. It is apparent from the results of this model that this knowledge is impacting on actual behaviour.

The results of the regression illustrated that attitudes assume a substantial function in condom use. Those respondents who agreed with the statement that "using condoms reduces sexual pleasure" were 69% less likely to have used a condom than those who disagreed. Study participants who agreed with the statement that "when a relationship moves from casual to serious, it is no longer necessary to use a condom", were 65% less likely to have used a condom than those who disagreed. Respondents who agreed with the statement "using a condom is a sign of not trusting your partner" were 48% less likely to have used a condom than those who disagreed. This is consistent with studies (Kiragu, 2001; Klitsch, 1990; Varga, 2001; Gardner et al, 1999), which have demonstrated that attitudes do in fact influence behaviour appreciably.

Table 4.15. Variables Used in Condom Use Modelling for Wave 2

Variables	Frequencies	Percentages
Gender		
Male	1208	51.3
Female	1147	48.7
Age Groups		
14-15	92	3.9
16-19	1098	46.6
20-22	890	37.8
23-26	275	11.7
Population Group		
African	2020	85.8
Coloured	41	1.7
Indian	232	9.9
White	62	2.6
Relationship Status		
Ever Married [Married/ Living Together/ Separated / Divorced / Widowed]	79	3.3
Single	546	23.2
Steady Boyfriend / Steady Girlfriend	1730	73.5
Mentioned Condoms as protection from AIDS		
Yes	2199	93.4
No	156	6.6
Attitudes		
Carrying condoms is difficult because it makes it look as if one has planned to have sex		
Don't Know	6	.3
Agree	993	42.2
Disagree	1356	57.6
Using condoms reduces sexual pleasure		
Don't Know	110	4.7
Agree	783	33.2

Disagree	1462	62.1
When a relationship moves from casual to serious it is no longer necessary to use a condom		
Don't Know	6	.03
Agree	689	29.3
Disagree	1660	70.5
A woman loses a man's respect if she asks him to use a condom		
Don't Know	9	.4
Agree	340	14.4
Disagree	2006	85.2
Using a condom is a sign of not trusting your partner		
Don't Know	3	.1
Agree	550	23.4
Disagree	1802	76.5
Total	2355	100.0

Table 4.16. Model of Variables the Most Affected Condom Use in Wave 2

Variable	Odds Ratio
Gender	
Male	1.809 ⁺
Female (r)	1.0
Age	
14-15	1.715*
16-19	1.777 ⁺
20-22	1.560*
24-26 (r)	1.0
Relationship Status	
Ever Married [Married/ Living Together/ Separated/ Divorced/ Widowed]	.011
Single	.601 ⁺
Steady Boyfriend/ Steady Girlfriend (r)	1.0
Mentioned Condoms as Protection from AIDS	
Yes	.612*
No (r)	1.0
Attitudes	
Using condoms reduces sexual pleasure	
Don't Know	.266 ⁺
Agree	.612 ⁺
Disagree (r)	1.0
When a relationship moves from casual to serious, it is no longer necessary to use a condom.	
Don't Know	.393
Agree	.730*
Disagree (r)	1.0

A woman loses a man’s respect if she asks him to use a condom	
Don’t Know	.965
Agree	.653*
Disagree (r)	1.0
Using a condom is a sign of not trusting your partner	
Don’t know	.1.197
Agree	.577+
Disagree (r)	1.0
r = reference category	
* = significant ay 0.05 level	
+ = significant at 0.00 level	

Sex proved to be significant in the modelling based on the data from Wave 2 of the study as opposed to the results for Wave 1. Males were almost twice as likely to use condoms as their female counterparts. This confirmed the findings of the frequencies and cross-tabulations in this research, which illustrated this occurrence. One approach to understanding this is to look at the age profile of the sample. The greater number of older females could be the chief explanatory factor. Older females are often perceive less of a risk of an unwanted pregnancy and if they do tend to switch to more ‘female contraceptive methods’ such as the pill or the injectable (Bankole et al, 1999)

As opposed to the modelling for Wave 1, age was significant in the results of the regression with data from Wave 2. Those aged 14-15, 16-19 and 20-22 were more likely to use condoms than those in the 24-26 age group. Once again the most likely explanation for this is the differing age profiles of the two samples. Older females are often less concerned about falling pregnant or using other contraceptive methods and older males often report less frequent condom use because of this. Furthermore as relationships tend to become more serious and long term the tendency to switch contraceptives becomes greater (Ku et al, 1994, Bankole et al, 1999). As with the results from Wave 1, relationship status was significant. Single study participants were 60% less likely to have used a condom at last sex than their counterparts with boyfriends and girlfriends.

Although knowledge of HIV transmission and protection was influential in the model for Wave 2, the significance was opposite to that of Wave 1. Whereas those who mentioned condoms in Wave 1 were twice as likely to have used condoms at last sex, the results from Wave 2 showed that those who mentioned condoms were actually 60% less likely to have used condoms at last sex. This could be explained by the fact that although knowledge levels are high the patterns of condom use are actually changing as people grow older and perceive less of a risk with their partners.

Once again attitudes proved to be significant in influencing condom use. Those who agreed with the statement that “using condom reduces sexual pleasure” were 61% less likely to have used a condom at last sex. Study participants who subscribed to the belief that a condom is not necessary once a relationship has entered the serious phase were 73% less likely to have used a condom at last sex. Respondents who felt that “a woman loses a man’s respect if she asks him to use a condom” were 65% less likely to have used a condom than their counterparts who believed otherwise. Finally those who agreed that using a condom is a sign of distrust were 58% less likely to have used a condom than their peers who disagreed.

Chapter 5: Discussion and Recommendations

5.1. Discussion of findings

As highlighted in the introduction to this dissertation, rates of adolescent sexual activity and experimentation are on the increase and show little sign of abatement. Stubbornly persistent high rates of teenage pregnancy and STI and HIV infection demonstrate amply that young people are still pursuing risky sexual behaviour. What has emerged in this study as well as numerous others though is that knowledge of the dangers of unprotected sex is high but fails in the long term to secure change in behaviour.

The logistic regression analysis in this dissertation sought to create a model that could go some way in attempting to explain what factors affect condom use. The independent variable selected was that of condom use. It was derived from the question which asked respondents if they had used a condom at their last sexual intercourse with their most recent sexual partner. The same factors pertaining to individual characteristics, sexual knowledge and attitudes were included in the models, which were constructed for both Waves of the study. The results indicate that explaining condom use is both a complex and complicated task.

Sex (gender) proved to be significant only in the data for Wave 2, with males being more likely to use condoms than females. As I have discussed in an earlier chapter there is a great likelihood that this can be attributed to the age profile of the sample. The older sample in Wave 2 may have influenced the condom use variable as many have switched contraceptive methods or have decided against using any. The findings also suggest that younger people are changing many of the stereotypes and behavioural patterns that were in the past assigned to the sexes thus challenging the numerous studies have shown that girls are often pressured by societal norms and beliefs which attach negative connotations to condoms especially if they are mentioned or carried by females.

The modelling based on data from Wave 1 of the study thus contested the initial hypothesis of this dissertation that certain personal characteristics such as sex, age and

race greatly influence the motivations and actual use of condoms. Frequencies and bivariate analysis confirmed that the knowledge and awareness of the consequences of risky sexual behaviour were high across the age and race groups and had little to do with the sex of the individual. Thus it would seem that public service announcements and messages are being received and in some manner assimilated regardless of these individual characteristics. The modelling based on Wave 2 of the study however conformed the hypothesis that these characteristics do affect condom use – which as stated earlier could to a significant degree be explained by the age profile of the sample of the second wave.

A noteworthy result of the modelling was the significance of attitudes towards condoms and their role in influencing the use of this contraceptive method. Study participants who disagreed with negative attitudes towards condoms were much more likely to actually use them.

5.2. Recommendations

Although this study confirmed high levels of knowledge and positive attitudes towards condoms there needs to a more concerted promotion of the message that condom use need to continue until individuals are 100% sure of the lack of risk with their sexual partners. Neither the maturity of their partners in terms of age nor the changing nature of relationships is sure-fire guarantees of this.

Greater emphasis needs to be placed on educating youngsters about sexually transmitted infections – HIV and particularly those besides HIV. Knowledge of these are low and many respondents were still inaccurate about how they protected against these when they did have sexual intercourse.

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